UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
FIRST AMENDED CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		09-CB-281517	September 23, 2021
INSTRUCTIONS: File an original of this charge with the	e NLRB Regional D	Director of the region in whi	ch the alleged unfair labor practice
occurred or is occurring.  1. LABOR ORGANIZATION	OR ITS AGENTS AG	SAINST WHICH CHARGE IS BI	ROUGHT
a. Name AFSCME Local 217		b Linion Representative to Contact (b) (6), (b) (7)(C)	
c. Address PO Box 29031, Cincinnati, OH 45229		d. Tel. No. (b) (6), (b) (7)(C)	e.e. Cell No.
		f. Fax No.	<sup>g</sup> -(b) (6), (b) (7)(C)
h. The above-named labor organization or its agents have 8(b), subsection(s) (3) of the National Labor Relations meaning of the Act, or are unfair practices affecting cor  2. Basis of the Charge (set forth a clear and concise state. The Union has failed to provide information nagreement, after the Employer specifically re-	Act, and these unfai mmerce within the m ment of the facts co recessary and re	ir labor practices are unfair pr neaning of the Act and the Po instituting the alleged unfair la elevant to the administra	ractices affecting commerce within the ostal Reorganization Act.  Sabor practices)  Sation of the collective bargaining
Name of Employer     Compass One at UC Medical Center		4a. Tel. No.	4b. Cell No.
			(b) (6), (b) (7)(C)
		4c. Fax No.	4d. e-Mail (b) (6), (b) (7)(C)@compass-usa.com
5. Location of Plant involved (street, city, state, and ZIP code)		Employer representative to contact	
234 Goodman St, Cincinnati, OH 45219		(b) (6), (b) (7)(C)	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produ	ict or service	Number of Workers employed
healthcare	EVS, patient transport, food service		50
10. Full name of party filing charge (b) (6), (b) (7)(C) Compass One (division of Compass Group, NAD)		11a. Tel. No.	11b. Cell No.
		(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)@compass- usa.com
11. Address of party filing charge (street, city, state, and Zi	IP code)		
2400 Yorkmont Road, Charlotte, NC 28217			
, , , , , , , , , , , , , , , , , , , ,	12. DECLARA	ATION	
(b) (c) (b) (7)(c) the above charge and	that the statement	ts therein are true to the be	st of my knowledge and belief.
(b) (6), (b) (7)(C) the above charge and			Tel No.
	(b) (6), (b	) (7)(C)	
By	(8) (3), (8	,, (,,,(3)	
			(b) (6), (b) (7)(C)
(signature of representative or person making charge)	Print/type na	ame and title or office, if any	Cell No.
Address:		Date:	Fax No.
2400 Yorkmont Road, Charlotte, NC 28217			
			e-Mail
			(b) (6), (b) (7)(C)@compass- usa.com

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.